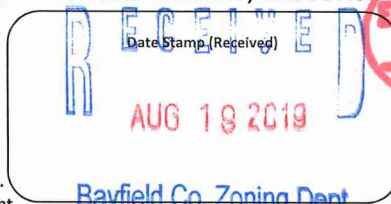


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |                                 |
|--------------|---------------------------------|
| Permit #:    | 20-00                           |
| Date:        | 2-6-200                         |
| Amount Paid: | \$175 8-19-19<br>\$175 2-6-2020 |
| Refund:      |                                 |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

|  |  |  |  |  |  |                                |  |   |  |   |  |   |  |                                |  |
|--|--|--|--|--|--|--------------------------------|--|---|--|---|--|---|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED →   |  | <input type="checkbox"/> LAND USE      |  | <input type="checkbox"/> SANITARY                            |  | <input type="checkbox"/> PRIVY |  | <input type="checkbox"/> CONDITIONAL USE                                  |  | <input checked="" type="checkbox"/> SPECIAL USE         |  | <input type="checkbox"/> B.O.A.   |  | <input type="checkbox"/> OTHER |  |
| Owner's Name:<br>Shannon Lavitt ET AL  |  |  |  | Mailing Address:<br>6026 Wentworth Ave Minneapolis, MN 55419 |  |                                |  | City/State/Zip:<br>Port Wing, WI  |  |   |  | Telephone:<br>612.869.9315  |  |                                |  |
| Address of Property:<br>12050 STATE HWY 13   |  |  |  | City/State/Zip:<br>Port Wing, WI                             |  |                                |  | Contractor Phone:<br>Plumber:   |  |   |  | Cell Phone:<br>Plumber Phone:   |  |                                |  |
| Contractor:  |  |  |  | Contractor Phone:  |  |                                |  | Plumber:  |  |   |  | Plumber Phone:  |  |                                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))<br>J Enn Hutchinson |  |  |  | Agent Phone:<br>715.774.3841                                 |  |                                |  | Agent Mailing Address (include City/State/Zip):<br>Box 24, Herbster 54844 |  |   |  | Written Authorization Attached<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement) |  |  |  |                                |  | Tax ID#<br>28150  |  | Recorded Document: (Showing Ownership)<br>v 683 p 70-75 |  |   |  |                                |  |
| 1/4, 1/4   |  | Gov't Lot<br>4                         |  | Lot(s)   |  | CSM                            |  | Vol & Page<br>683/4-75/304  |  | CSM Doc #   |  | Lot(s) No.  |  | Block(s) No.                   |  |
| Subdivision:   |  | Section 12                             |  | Township 50  |  | N, Range 8                     |  | W   |  | Town of:<br>PORT WING                                   |  | Lot Size  |  | Acreage<br>12.4                |  |

|  |   |   |   |   |
|--|---|---|---|---|
| <input type="checkbox"/> Shoreland →   | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|  | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →  | Distance Structure is from Shoreline : 200 feet   |   |   |
| <input type="checkbox"/> Non-Shoreland |   |   |   |   |

| Value at Time of Completion<br>* include donated time & material | Project   | # of Stories                                | Foundation                                     | # of bedrooms in structure            | What Type of Sewer/Sanitary System Is on the property?                                    | Type of Water on property                |
|--|---|---|--|---------------------------------------|---|--|
| \$ 127,100<br>Assessed Value                                     | <input type="checkbox"/> New Construction           | <input type="checkbox"/> 1-Story            | <input type="checkbox"/> Basement              | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> 1-Story + Loft     | <input checked="" type="checkbox"/> Foundation | <input type="checkbox"/> 2            | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                 | <input checked="" type="checkbox"/> 2-Story | <input type="checkbox"/> _____                 | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Holding Tank          | <input type="checkbox"/> _____           |
|  | <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/> _____              | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____        | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____           |
|  | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> _____              | <input type="checkbox"/> Use                   | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/> _____           |
|  | <input checked="" type="checkbox"/> Vacation Rental | <input type="checkbox"/> _____              | <input type="checkbox"/> Year Round            | <input type="checkbox"/> _____        | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/> _____           |
|  |   |   | <input type="checkbox"/> _____                 | <input type="checkbox"/> None         |   |  |

|   |            |           |            |
|---|------------|-----------|------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length:    | Width:    | Height:    |
| Proposed Construction:  | Length: 38 | Width: 30 | Height: 16 |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )       |                |
|   |                                     | with Loft  | ( X )       |                |
|   |                                     | with a Porch   | ( X )       |                |
|   |                                     | with (2 <sup>nd</sup> ) Porch  | ( X )       |                |
|   |                                     | with a Deck  | ( X )       |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2 <sup>nd</sup> ) Deck   | ( X )       |                |
|   |                                     | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Addition/Alteration (specify) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building (specify) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____   | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Special Use: (explain) Vacation Rental   | ( 38 X 30 ) | 1140           |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )       |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date \_\_\_\_\_

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 8/12/19

Address to send permit Po Box 24, Herbster, WI 54844

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

**Fill Out in Ink – NO PENCIL**

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

N/A

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description                                 | Measurement | Description                                      | Measurement  |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | 2000 + Feet | Setback from the Lake (ordinary high-water mark) | 267 Feet   |
| Setback from the Established Right-of-Way   | 2000 + Feet | Setback from the River, Stream, Creek            | Feet   |
|   |             | Setback from the Bank or Bluff                   | Feet   |
| Setback from the North Lot Line             | Feet        |  |  |
| Setback from the South Lot Line             | 2000 + Feet | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | 12 Feet     | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 425 Feet    | Elevation of Floodplain                          | Feet   |
|   |             |  |  |
| Setback to Septic Tank or Holding Tank      | 15 Feet     | Setback to Well                                  | Feet   |
| Setback to Drain Field                      | Feet        |  |  |
| Setback to Privy (Portable, Composting)     | Feet        |  |  |

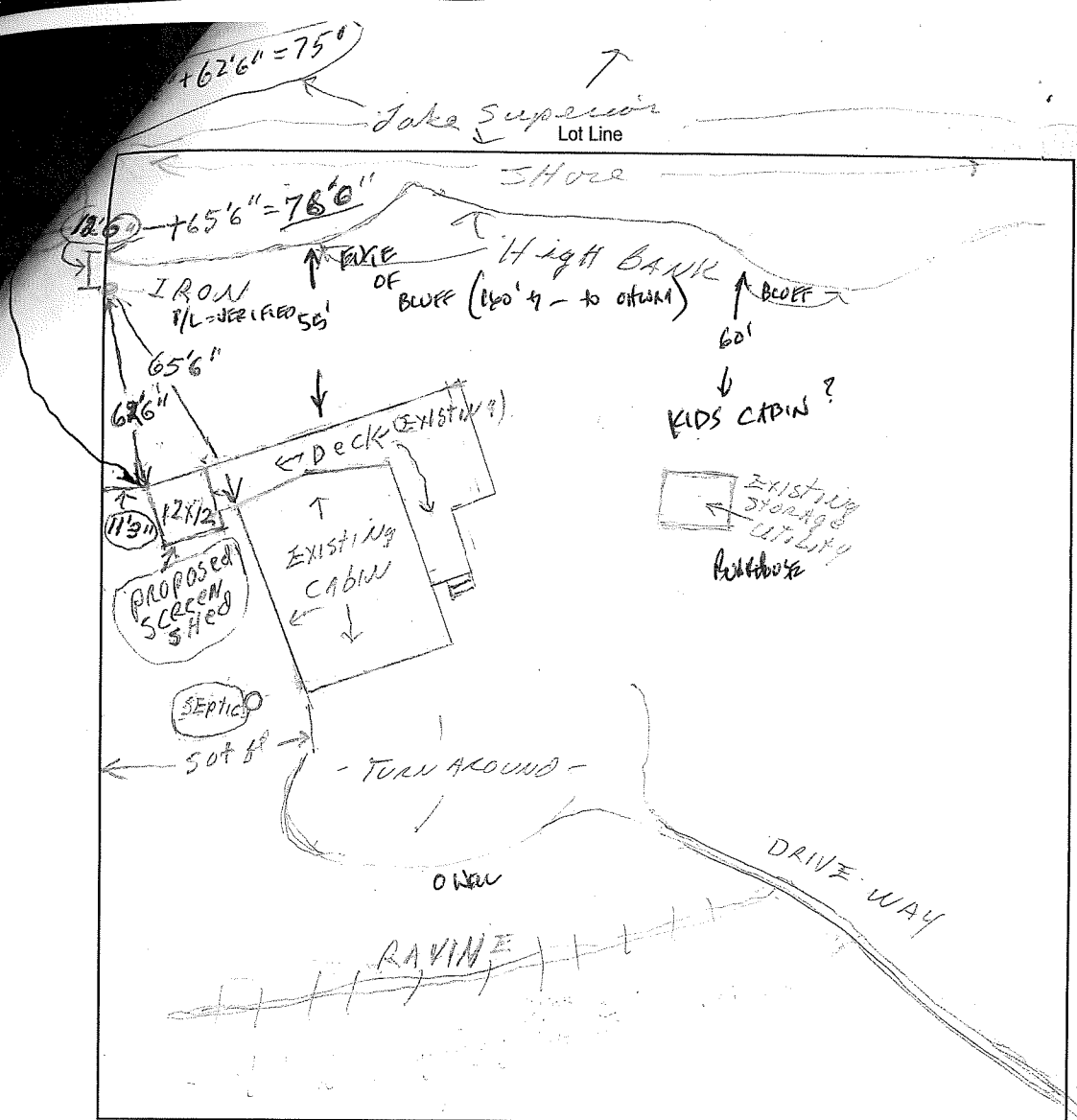
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

|  |   |   |   |   |
|--|---|---|---|---|
| <b>Issuance Information (County Use Only)</b>  |   | Sanitary Number: 220976   | # of bedrooms: 4  | Sanitary Date: 7-26-96 (Renew)                                      |
| Permit Denied (Date):  |   | Reason for Denial:  |   |   |
| Permit #: 20-0028  |   | Permit Date: 2-6-2020   |   |   |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes (Deed of Record)                       | <input checked="" type="checkbox"/> No                                      | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))              | <input checked="" type="checkbox"/> No                                      | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No                                      | Affidavit Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)   |   | Previously Granted by Variance (B.O.A.)                                     |   |   |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #:  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |   |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Inspection Record: Existing cabin proposed for STR.  |   | Zoning District ( R1 )<br>Lakes Classification ( 1 )                        |   |   |
| Date of Inspection: 2-5-2020   | Inspected by: Todd Norwood  | Date of Re-Inspection:  |   |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)<br>Must obtain a license through Bayfield County Health Dept.<br>Prior to renting. |   |   |   |   |
| Signature of Inspector: Todd Norwood   |   |   |   | Date of Approval: 2-6-2020  |
| Hold For Sanitary: <input type="checkbox"/>  | Hold For TBA: <input type="checkbox"/>                              | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |



Name of Frontage Road ( LAKE SUPERIOR FRONTAGE DRIVEWAY ) -

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
  - a. Building to all lot lines
  - b. Building to centerline of road
  - c. Building to lake, river, stream or pond
  - d. Holding tank to closest lot line
  - e. Holding tank to building
  - f. Holding tank to well
  - g. Holding tank to lake, river, stream or pond
  - h. Privy to closest lot line
  - i. Privy to building
  - j. Privy to lake, river, stream or pond
  - k. Septic Tank and Drain field to closest lot line
  - l. Septic Tank and Drain field to building
  - m. Septic Tank and Drain field to well
  - n. Septic Tank, and Drain field to lake, river, stream or pond.
  - o. Well to building

**IMPORTANT**  
 DETAILED PLOT PLAN  
 IS NECESSARY. FOLLOW  
 STEPS 1-8 (a-o) COMPLETELY.

\*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.

City, Village, State or Federal  
May Also Be Required  
**After-the-Fact**

LAND USE – **X**  
SANITARY – **220976**  
SIGN –  
SPECIAL – **Class A**  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0028** Issued To: **Sean Leavitt / Erin Hutchinson, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **12** Township **50** N. Range **8** W. Town of **Port Wing**

Part of  
Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Other: [ 1 – Unit; 2 - Story; Short-term Rental ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Must obtain license though Bayfield County Health Department prior to renting.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**February 6, 2020**

Date